## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/596481

|                          | CLAIMS AS FILED - PART I                       |   |                                |  |   |  |       | SMALL ENTITY        |                        |                | OTHER THAN          |                        |
|--------------------------|--|---|--------------------------------|--|---|--|-------|---------------------|------------------------|----------------|---------------------|------------------------|
| L                        |  |   |                                | olumn 1)   | ,                                       | (Column 2)                             |       | TYPE                |                        |                | R SMALI             | ENTITY                 |
| U.S. NATIONAL STAGE FEES |  |   | 3                              |  |   | •                                      |       | RATE                | FEE                    |                | RATE                | FEE                    |
| В                        | ASIC FEE                                       |   | SMALL                          | SMALL ENT. = \$ 150  |   | LARGE ENT. = \$ 300                    |       | BASIC FEE           |                        | OF             | R BASIC FEE         | 30                     |
| Ð                        | CAMINATION                                     | FEE   | 1                              | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |   | All other situations = \$ 100 / \$ 200 |       | EXAM. FEE           |                        |                | EXAM. FEE           | 26                     |
| SE                       | ARCH FEE                                       | < <b>(</b>                                    | ALL oth                        | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |   | All other situations = \$ 250 / \$ 500 |       | SEARCH FEE          |                        | ] .            | SEARCH FEE          | 400                    |
| FE                       | E FOR EXTRA                                    | SPEC. PGS.                                    |                                | minus 100 =  |   | / 50 =                                 |       | X \$ 125 =          |                        |                | X \$ 250 =          |                        |
| то                       | TAL CHARGE                                     | ABLE CLAIMS                                   | 20                             | minus 20 =   | *                                       | ,                                      |       | X \$ 25 =           |                        | OF             | X \$ 50 =           |                        |
| INC                      | DEPENDENT (                                    | CLAIMS  | 3                              | minus 3 =  |   |  |       | X \$ 100 =          | 1                      | OF             | X \$ 200 =          | 1                      |
| MU                       | LTIPLE DEPE                                    | NDENT CLAIM PI                                | RESENT                         | ENT  |   |  | 1     | + \$ 180 =          |                        | OR             | + \$ 360 =          | -                      |
| • 1                      | f the difference                               | ce in column 1 is                             | zero, enter "0                 | " in ca  | olumn 2                                 | _1                                     | TOTAL |                     | ;OR                    | TOTAL          |                     |                        |
|                          | T .  | (Column 1)                                    | AMEND                          | (Column 2) (Column 3)  |   |  | 7 1   | SMALL               | ENTITY ADDI-           | 0R<br><b>7</b> | OTHER<br>SMALL      |                        |
| AMENDMENT A              |  | REMAINING<br>AFTER<br>AMENDMENT               |                                | PREVIOU<br>PAID F  | USLY                                    | PRESENT<br>EXTRA                       |       | RATE                | TIONAL<br>FEE          |                | RATE                | TIONAL<br>FEE          |
|                          | Total  | •   | Minus                          | **   | - · · · · · · · · · · · · · · · · · · · | =                                      |       | X \$ 25 =           |                        | OR             | X \$ 50 =           | 1                      |
|                          | Independent                                    |   | Minus                          | ***  |   | =                                      |       | X \$ 100 =          |                        | OR             | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |  |   |  |       | + \$ 180 =          |                        | OR             | + \$ 360 =          |                        |
|                          | £  |   |                                |  |   |  |       | TOTAL ADDIT.<br>FEE |                        | ÖR             | TOTAL ADDIT.<br>FEE |                        |
|                          |  | (Column 1)                                    |                                | (Columr  | 1 2)                                    | (Column 3)                             |       |                     | -                      |                | •                   |                        |
| ₹ ŀ                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                                | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                            | R<br>SLY                                | PRESENT<br>EXTRA                       |       | RATE                | ADDI-<br>TIONAL<br>FEE | ·              | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total  | *   | Minus                          | **   |   | =                                      |       | X \$ 25 =           |                        | OR             | X \$ 50 =           |                        |
|                          | Independent                                    | •   | Minus                          | ***  |   | = .                                    |       | X \$ 100 =          |                        | OR             | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |  |   |  | T     | + \$ 180 =          |                        | OR             | + \$ 360 =          |                        |
| TOTAL ADOIT. FEE         |  |   |                                |  |   |  |       |                     |                        | OR-            | TOTAL ADDIT.<br>FEE |                        |
|                          |  |   |                                |  |   | •                                      |       | - •                 |                        |                | •                   |                        |
|                          | the enterteres                                 |   |                                |  |   | _                                      |       |                     |                        |                |                     |                        |
| , K                      | the "Highest Nu                                | mn 1 is less than the<br>moer Previously Paid | entry in colum<br>For IN THIS: | n 2, write "0" in o<br>SPACE is less th                          | olumn :<br>an '20'.                     | 3.<br>. enter <b>"20"</b> .            |       | -                   |                        |                |                     |                        |

"If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.